Indiana State Police Methamphctamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>8-12-10</u>	Address:	7125 East 50 South	
Case #:	<u>13-75539</u>		Knox, Indiana	
County:	Starke			
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	☐ Residence ☐ Outbuilding ☑ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) ☐ Lithium/Ammonia Reaction(s): Inside van in back ☐ Red Phosphorous/lodine Reaction(s): ☐ Flammable Solvents: Inside van in back ☐ Water Reactive Metal (Lithium): Inside van in back ☐ Anhydrous Ammonia: Inside van in back ☐ Hydrochloric Acid Gas Generator(s): ☐ Corrosive Acid: Inside van in back ☐ Other (item and location):				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies tha		☐ Ephedrin ☐ Retail/Mo ☑ Other: <u>Po</u>	Investigative Information Ephedrine/Pseudocphedrine Tracking Log Retail/Merchant Tip Other:Police investigation at serve the location:	
Fire Depart Health Dep Child Prote For further	ment: <u>Knox-Center Twp Fire Dept</u> artment: <u>Starke Cty Health Dept.</u> etion Service: information regarding this methamph	Fax: <u>574-7</u> Fax: <u>(574)</u> Fax:	72 <u>-4141</u> 772-8035	

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.